



PUBLIC EVENT SECURITY APPLICATION



Date of Application: _____

Location of Event: **PORT ISABEL EVENT & CULTURAL CENTER**

Attendance: _____

Type of Event: _____

Event hours (when guests are present): **Start time** _____ (am /pm) **End time:** _____ (am /pm)

Will Alcoholic Beverages be served? _____

Name of CLIENT: _____

Organization name (if applicable): _____

Phone #: _____

Address: _____

City: State: Zip: _____

Police Department Use Only:

Department Recommendations:

Requested By: _____ Date: _____

____ Security Officer(s) Required _____ Security Not Required

(1) Security officer per (200 ppl)

Approved by: _____ Date: _____